



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)
RE-RETIREMENT APPLICATION**

PLEASE PRINT

COMPLETE AND SEND TO:

ASRS – New Retiree
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-5388
www.azasrs.gov

If you retired and subsequently returned to work and now want to re-retire, your benefit will be recalculated to reflect your new service and age.

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service about distributions and withholdings respecting the individual's account.

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Mailing Address			Daytime Telephone Number ()
City	State	ZIP	Date of Birth (MM/DD/YYYY)
Termination of Employment – Last Day of Work (MM/DD/YYYY)		Re-Retirement Date (MM/DD/YYYY)	
Member Signature			Date

Payroll Deduction Agreement / Service Purchase (Check all that apply.)

- ☐ I request the outstanding balance be computed on my Payroll Deduction Authorization (PDA) for a possible payoff at retirement.
- ☐ I have a current service purchase request in process.

Note: A person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a Class 6 felony Arizona Revised Statutes Section § 38-793.

If you wish to change your beneficiary information, please contact the ASRS to request the appropriate form.

